

**Fee is \$33****STATE OF CONNECTICUT INSURANCE DEPARTMENT****Application for****INDIVIDUAL VIATICAL SETTLEMENT BROKER LICENSE****Make check in the amount of \$33 payable to: "Treasurer, State of Connecticut"**

For Dept Use Only

Date: \_\_\_\_\_

Filing Fee: \_\_\_\_\_

License Fee: \_\_\_\_\_

**If Viatical Settlement business will be conducted under a Business Name, DO NOT COMPLETE THIS APPLICATION.**  
**A principal, officer, partner, or director of the firm must complete and submit the VIATICAL SETTLEMENT (Business Entity) application.**

(Please Print or Type)

① Soc. Security Number		② N/A		③ N/A	
④ Last Name JR./SR. etc		⑤ First Name		⑥ Middle Name	
				⑦ Date of Birth (month) ____ (day) ____ (year) ____	
⑧ Residence/Home Address (Physical Street)		⑨ Apt or Unit #		⑩ City	
				⑪ State ⑫ Zip	
⑬ Home Phone Number ( ) -		⑭ Gender (Circle One) Male Female		⑮ Are you a Citizen of the United States? (Check One) Yes <input type="checkbox"/> No <input type="checkbox"/> (If No, of which country are you a citizen?) (If No, you must supply work authorization)	
⑯ Business Name					
⑰ Business Address (Physical Street)		⑱ P.O. Box		⑲ City	
				⑳ State ㉑ Zip	
㉒ Business Phone Number ( ) -		㉓ Business Fax Number ( ) -		㉔ Business E-Mail Address	
				㉕ Business Web Site Address	
㉖ Applicant's Mailing Address		㉗ P.O. Box		㉘ City	
				㉙ State ㉚ Zip	

**(Check One)**

New License: \_\_\_\_ Reinstatement: \_\_\_\_ (CT License # \_\_\_\_\_)

**Background Information****㉛ Please read the following very carefully and answer every question:**

- A. Do you now hold or have you ever held an insurance, securities or Viatical Settlement license in Connecticut or any other state? Yes \_\_\_\_ No \_\_\_\_  
IF YES, list the state and type of license: \_\_\_\_\_
- B. Has any disciplinary action, including, but not limited to, refusal, suspension, or revocation of an insurance license, ever been taken by any regulatory agency in Connecticut, or any other state, against you or any business with which you have been directly connected, or is there any such action now pending?  
IF YES, provide a full explanation on a separate sheet of paper (include documentation) Yes \_\_\_\_ No \_\_\_\_
- C. Have you ever been convicted of, or pled nolo contendere (no contest) to, a felony? Yes \_\_\_\_ No \_\_\_\_  
IF YES, attach a separate sheet of paper giving date, name and address of Court, charge and outcome. For criminal convictions, attach an explanation and copy of all charges and Final Disposition from the Court, along with evidence of the degree of rehabilitation.

### Additional Background Information

1. Have you ever been denied a Fidelity Bond, or had a Bond cancelled or revoked? Yes \_\_\_ No \_\_\_

IF YES, give details: \_\_\_\_\_

2. Have you ever been refused a license, or had a license with a Government or other Regulatory Agency revoked? Yes \_\_\_ No \_\_\_

IF YES, give details: \_\_\_\_\_

3. Have you ever had your name changed, or used another name? Yes \_\_\_ No \_\_\_

IF YES, give details: \_\_\_\_\_

4. Place of Birth: \_\_\_\_\_

5. List your residences for the last ten (10) years, starting with your current address:

6. Education level achieved: High School \_\_\_ College \_\_\_ Degree \_\_\_ (IF CHECKED, give type of Degree: \_\_\_\_\_)

7. Professional Designations or Memberships: \_\_\_\_\_

8. List any companies in which you control, directly or indirectly, or own, legally or beneficially, 10% or more of the outstanding stock (in voting power):

9. Have you ever been adjudged bankrupt? Yes \_\_\_ (IF YES, attach details) No \_\_\_

List three references who can attest to your trustworthiness, competence, and business reputation:

NAME

ADDRESS

PHONE

RELATIONSHIP

### Applicant's Affidavit

1. Under penalty of perjury, all of the information submitted in this application and attachments is true and complete. I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license revocation or denial of the license and may subject me to civil or criminal penalties.

2. Where required by law, I hereby designate the Commissioner of Insurance, in Connecticut, to be my agent for service of process regarding all insurance matters; and agree that service upon the Commissioner of Insurance is of the same legal force and validity as personal service upon myself.

3. I grant permission to the Commissioner of Insurance to verify information with any federal, state or local government agency, current or former employer, or insurance company.

4. I authorize the Connecticut Insurance Department to give any information concerning me, as permitted by law, to any federal, state or municipal agency, or any other organization, and I release the Connecticut Insurance Department and any person acting on their behalf from any and all liability of whatever nature by reason of furnishing such information.

**The undersigned duly authorized representative being first duly sworn deposes and says that (s)he has executed and read this application, that to the best of his/her knowledge and belief the statements made in this application, and in any attachment, are true and correct, and that (s)he has read and understands the insurance laws of the State of Connecticut. The undersigned further agrees that they will abide by the laws and regulations governing Viatical Settlements and will provide information to the prospective Viator including, but not limited to, alternative options and possible impact on Medicare and tax related issues.**

SUBSCRIBED AND SWORN TO BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, \_\_\_\_\_

NOTARY PUBLIC

COMMISSION EXPIRES

Month

Day

Year

Original Signature of Applicant

(SEAL)

Full Legal Name (Printed or Typed)

### Attachments

1. **Residents and Nonresidents:** "Plan of Operation" including method of marketing techniques and steps taken to ensure Viator's privacy.

2. **Nonresidents:** Certificate of Good Standing from state of domicile dated within **90 days** of application.

Revised 10/01/03

RETURN TO:  
Insurance Dept – Licensing  
PO Box 816, Hartford, CT 06142